



RECREATION DEPARTMENT

The Heart of the Neighborhood

www.chulavistaca.gov/rec

(619) 409-1980 Youth Sports Office



SPORTS



YOUTH COED BASKETBALL

WINTER/SPRING 2014-2015 LEAGUE

General Information

The Winter/Spring Youth Coed Basketball League is designed for all skill levels. Practices will be geographically based, East and West. Players are permitted to register in either geographic area regardless of residency. Games will be played both on the West and East sides during the season 8am-5pm on Saturdays.

Coaches, Team Practice Days & Time

Volunteer coaches with experience are needed!

Please contact Ruthie Heuton at rheuton@chulavistaca.gov if you are interested in coaching (a background check conducted through the city is required).

Practices will begin the week of October 27 and will be one to two times per week (Monday-Friday between 4-8pm). Practice schedules depend on the availability of the volunteer coaches. Most practices will take place outdoors. ****Requests for children to be placed on the same team and requests for specific coaches and/or practice days/times cannot be honored.**

Mandatory Parent Code of Conduct

Parents are required to sign a Code of Conduct Agreement. Unsportsmanlike behavior will not be tolerated, parents may be asked to leave the game or will not be permitted to attend any more games for the remainder of the season.

FEES / COSTS

Registration is open to the inexperienced and experienced player.
1st child: \$95 Resident / \$119 Non-Resident
2nd child or more: \$75 Resident / \$94 Non-Resident

**NO REFUNDS
NO EXCEPTIONS**



AGE DIVISIONS

A-Div Born 2001 - 2002
B-Div Born 2003 - 2004
C-Div Born 2005 - 2006
D-Div Born 2007 - 2008

ONLINE REGISTRATION

www.chulavistaca.gov/rec

Online registration starts Monday, August 11 at 8:00am.

WALK-IN REGISTRATION

Starts Monday, August 11 at 2:00pm at the following locations:

EAST LEAGUE

Salt Creek Park & Recreation Center, 2710 Otay Lakes Rd

WEST LEAGUE

Parkway Community Center, 373 Park Way

MAIL-IN REGISTRATION

Will be accepted with postmarks August 11-Sept 26 ONLY. Registrations will be returned unprocessed if incomplete, without payment or a copy of player's birth certificate. Please mail to:

Chula Vista Recreation Department
ATTN: Youth Sports Supervisor
276 Fourth Ave, MS-R-109
Chula Vista, CA 91910

**REGISTRATION WILL CLOSE
ON FRIDAY October 10 (space limited)**

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the district as a community service. Any questions should be directed to Ruthie Heuton, Recreation Supervisor, 373 Parkway, Chula Vista, CA 91910 or (619) 409-1982.



YOUTH COED LEAGUE REGISTRATION FORM

BASKETBALL



CITY OF
CHULA VISTA

RECREATION
DEPARTMENT

AGE DIVISIONS

A-Div Born 2001 - 2002
B-Div Born 2003 - 2004
C-Div Born 2005 - 2006
D-Div Born 2007 - 2008



MANDATORY PLAYER EVALUATIONS

Player evaluations are mandatory. If you are unable to meet the specific date for your division, you will need to set-up a date with the league supervisor, Ruthie Heuton, prior to the evaluation date. The following are the dates for divisional player evaluations:

WEST DIVISION Friday, Oct 17

Parkway Gymnasium, 385 Park Way
D Div Fri, Oct 17 @ 5:30 pm
C Div Fri, Oct 17 @ 6:15 pm
B Div Fri, Oct 17 @ 7:00 pm
A Div Fri, Oct 17 @ 7:45 pm

EAST DIVISION Saturday, Oct 18

Salt Creek Center, 2710 Otay Lakes Rd
D Div Sat, Oct 18 @ 8:30 am
C Div Sat, Oct 18 @ 9:15 am
B Div Sat, Oct 18 @ 10:00 am
A Div Sat, Oct 18 @ 10:45 am

IMPORTANT DATES

Aug 11: First Day of Registration
Oct 10: Registration Closes
Oct 17: West Mandatory Player Evaluations
Oct 18: East Mandatory Player Evaluations
Nov 15: First Game
Nov 29, Dec 20, 27, Jan 3: No Games
Feb 14: Playoffs Begin
Feb 21: Championship Games

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FILL OUT COMPLETELY - PLEASE PRINT

PLEASE CIRCLE :	East Division or West Division	PLEASE CIRCLE :	A-Div	B-Div	C-Div	D-Div
Participant Name:	School:		Male / Female			
Parent's Name:	Home Phone:		Cell Phone:			
Address:	City:		State:	Zip:		
Emergency Contact Name:		Emergency Contact Phone:				
Child's Date of Birth:	/ /	Child's Height:	Child's Weight:	Fee Enclosed:		
Email Address:						
Parent/Guardian: Are you interested in coaching a team? YES NO Your Name:						

ACCIDENT WAIVER & RELEASE OF LIABILITY (AWRL)

Does the participant require special accommodations for a successful experience?
Yes _____ No _____

READ, SIGN & DATE BELOW: (Unsigned waivers will cause your registration to be returned unprocessed.)

IMPORTANT: A copy of each child's proof of age must be mailed with registration.

No Refunds, No Exceptions!

I, _____ (Registrant), _____ *(Registrant's Parent or Guardian), shall defend, indemnify and hold harmless the City of Chula Vista, its elected and appointed officials, employees, agents, contractors and volunteers from and against any and all claims, demands, causes of action, cost, expenses, liability, loss, damage or injury, in law or equity, to property or persons, including wrongful death, in any manner arising out of or incident to any alleged negligent acts, omissions or willful misconduct of applicant and its respected officials, officers, employees, agents, contractors, and volunteers arising out of or in connection its use of the property designated. This indemnity provision does not include any claims, damages, liability, costs and expenses (including without limitation, attorneys fees) arising from the sole negligence active negligence or willful misconduct of the City, its elected and appointed officials, officers, employees, agents, contractors, and volunteers. also covered is liability arising from, connected with, caused by or claimed to be caused by the active or passive negligent acts or omissions of the City, its elected and appointed officials, officers, employees, agents, contractors and volunteers which may be in combination with the active or passive negligent acts or omissions of the applicant and its respected official, officers, employees, agents, contractors, volunteers or any third party. I hereby grant the City of Chula Vista, their legal representatives and assigns (including any agency, client, or publication), irrevocable permission to publish photographs of me taken at a City facility or event. These images may be published in any manner, including advertising, periodicals, greeting cards and calendars. Furthermore, I will hold harmless the City of Chula Vista, their representatives and assigns, from any liability by virtue of any blurring, distortion or alteration that may occur in producing the finished product, unless, it can be proven that such blurring, distortion or alteration was done with malicious intent toward me. I have read this releases and fully understand its contents.

REGISTRANT'S OR Parent/Guardian's Signature* _____ Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

Make checks payable to "City of Chula Vista". There will be a minimum service charge of \$25 on all checks returned form the bank.

OFFICE USE ONLY: Amount enclosed: \$ _____ Bank # _____ Check/Money Order # _____ City Receipt _____